

**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	Unassigned
Filing Date	Herewith
First Named Inventor	Franco Lombardo
Title	A TOOL FOR LIPOPHILICITY DETERMINATION IN DRUG DISCOVERY BASIC AND NEUTRAL COMPOUNDS
Group Art Unit	Unassigned
Examiner Name	Unassigned
Attorney Docket Number	PC11861A

I hereby appoint:

☒ Practitioners at Customer Number
OR

23913

☐ Practitioners named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.
OR☐ Practitioners at Customer Number
OR☐ Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).***SIGNATURE of Applicant or Assignee of Record**

Name

Karl Andrew Tupper

Signature

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 3 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC

20120424 1008134.02340

**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	Unassigned
Filing Date	Herewith
First Named Inventor	Franco Lombardo
Title	A TOOL FOR LIPOPHILICITY DETERMINATION IN DRUG DISCOVERY BASIC AND NEUTRAL COMPOUNDS
Group Art Unit	
Examiner Name	
Attorney Docket Number	PC11861A

I hereby appoint:

☒ Practitioners at Customer Number

23913



OR

☐ Practitioners named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

OR

☐ Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name

Franco Lombardo

Signature

Date

2.11.2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 3 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC.

20021220 143478001

Please type a plus sign (+) inside this box

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	Unassigned
Filing Date	Herewith
First Named Inventor	Franco Lombardo
Title	A TOOL FOR LIPOPHILICITY DETERMINATION IN DRUG DISCOVERY BASIC AND NEUTRAL COMPOUNDS
Group Art Unit	Unassigned
Examiner Name	Unassigned
Attorney Docket Number	PC11861A

I hereby appoint:



Practitioners at Customer Number

23913



OR



Practitioners named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:



The above-mentioned Customer Number.

OR



Practitioners at Customer Number

OR

Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:



Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name

Marina Yevgenievna Shalaeva

Signature

Marina Sholaeva

Date

02.11.2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 3 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC

10081784 022102